

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	Chapter 11
)	
W.R. GRACE & CO., et al.,)	Case No. 01-1139 (JKF)
)	Jointly Administered
)	
Debtors.)	Objection Date: April 4, 2011 at 4:00 p.m.
)	Hearing: Schedule if Necessary (Negative Notice)

**COVER SHEET TO SIXTY-THIRD MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
DECEMBER 1, 2010 THROUGH DECEMBER 31, 2010**

Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")
Authorized to Provide Professional Services to:	As the FCR
Date of Retention:	May 25, 2004
Period for which compensation is sought:	December 1, 2010 through December 31, 2010
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$1,800.00
80% of fees to be paid:	\$1,440.00 ¹
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 724.90
Total Fees @ 80% and 100% Expenses:	\$2,164.90

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: interim monthly final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY **DECEMBER 2010**

Name of Professional Person	Position of Applicant	Hourly Billing Rate	Total Billed Hours	Total Compensation
David T. Austern	Future Claimants' Representative	\$500.00	3.60	\$1,800.00
Grand Total:			3.60	\$1,800.00
Blended Rate: \$500.00				

Total Fees: **\$1,800.00**
Total Hours: **3.60**
Blended Rate: **\$1,800.00**

COMPENSATION BY PROJECT CATEGORY

Project Category	Total Hours	Total Fees
Plan & Disclosure Statement	3.60	\$1,800.00
TOTAL	3.80	\$1,800.00

EXPENSE SUMMARY

Expense Category	Total
Airfare	\$663.40
Parking	\$36.00
Taxi	\$25.50
TOTAL	\$724.90

Respectfully submitted,

Dated: March 14, 2011

/S/ DAVID T. AUSTERN

David T. Austern
Claims Resolution Management Corporation
3110 Fairview Park Drive, Suite 200
Falls Church, VA 22042-0683
(703) 205-0835